



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF FORT WAYNE

City of Hospital: Fort Wayne, Indiana

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Karen Till

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Medicare Provider Number: 15-3030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44260956
Outpatient Patient Service Revenue	\$21138
<b>Total Gross Patient Service Revenue</b>	<b>\$44282094</b>

2. Deductions From Revenue

Contractual Allowance	\$31719688
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$31719688</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$12562406
Other Operating Revenue	\$80482
<b>Total Operating Revenue</b>	<b>\$12642888</b>

4. Operating Expenses

Salaries and Wages	\$7726894	Employee Benefits	\$1397037
Depreciation and Amortization	\$456352	Interest Expense	\$0
Bad Debt	\$12594	Other Expenses	\$3478875
<b>Total Operating Expenses</b>	<b>\$13071752</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-441458	Total Assets	\$14965507
		Total Liabilities	\$15406965

Net Non-operating Gains over Loss	\$0
Total Net Gains	\$-441458

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$19912858	\$13873546	\$6039312
Medicaid	\$4976264	\$3649039	\$1327225
Other Government	\$245701	\$24751	\$220950
Other State	\$0	\$0	\$0
Other Payers	\$19147271	\$14172352	\$4974919
Total	\$44282094	\$31719688	\$12562406

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$384731
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$113570	
HCI Payments	\$0		
Subtotal	\$0	\$113570	\$-113570
Medicaid Shortfalls	\$1327223	\$1468957	
Subtotal	\$1327223	\$1565881	\$-238658
DSH Payments	\$0		
Subtotal	\$1327223	\$1565881	\$-238658
Medicare Shortfalls	\$7944497	\$7889984	
Other Government Programs	\$0	\$0	
Total	\$9271720	\$9455865	\$-184145

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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